

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015166

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

47
FILED APR 23 1963

Primary Registration District No.

3008

Registrar's No.

125

STATE FILE NUMBER

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fulton</u> Length of stay in 1b <u>25 years</u> c. FULL NAME OF (If NOT in hospital, give location) <u>at Home, 405 St. Louis Ave.</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> c. CITY OR TOWN <u>Fulton</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. STREET ADDRESS (If outside, give location) <u>405 Saint Louis Avenue</u> Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3. NAME OF DECEASED (Type or print) First <u>Mrs. Alice</u> Middle <u>Pearl</u> Last <u>Douglas</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>16</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 18, 1885/ 77</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Boone County, Missouri</u> |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Willard Douglas</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 17. INFORMANT <u>Mr. Willard Douglas, 405 St. Louis Avenue, Fulton, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>chr. myocarditis</u> DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>years</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>fracture of st. Pubis; chr. Hypertrophic cardiomyopathy</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell in Home</u> | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year <u>1/6/63</u> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u> | | |
| 20f. CITY, TOWN, OR LOCATION <u>Fulton, Callaway, Mo.</u> | | 20g. COUNTY <u>Callaway</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>1/8/63</u> to <u>4/16/63</u> and last saw her alive on <u>4/9/63</u> . Death occurred at <u>9:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Henry W. D. D.</u> (Degree or title) | | 22b. ADDRESS <u>Fulton, Mo.</u> | 22c. DATE SIGNED <u>4/14/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4/17/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Southside Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Fulton, Missouri</u> |
| 24. GENERAL DIRECTOR <u>Clayton L. Green, Fulton, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>April 17-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gregory H. Green

Licensed Embalmer No. 4220

P. O. Address Dulles, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.